

## APPLICATION

for conformity assessment according to the regulation (EU) 2016/425 of the European Parliament and of the Council and for other procedures and services.

### PERSONAL PROTECTIVE EQUIPMENT

REFERENCE No.  DATE  ORDER No.

The fields to be filled in by VVUU, a.s.

#### 1. APPLICANT MANUFACTURER AUTHORIZED REPRESENTATIVE

In case you choose the option of "authorized representative", it is necessary to submit the authorization of the manufacturer.

<b>BUSINESS NAME</b>	<input type="text"/>		
Street, No.	<input type="text"/>	Comp. No.	<input type="text"/>
City	<input type="text"/>	Tax ID	<input type="text"/>
ZIP Code	<input type="text"/>	Phone	<input type="text"/>
Country	<input type="text"/>	E-mail	<input type="text"/>
Bank	<input type="text"/>	SWIFT	<input type="text"/>
Account number (IBAN)	<input type="text"/>		
Statutory representative <i>(name and function)</i>	<input type="text"/>		
Person in charge of dealing with VVUU, a.s. <i>(name and function)</i>	<input type="text"/>		

#### 2. PRODUCT

<b>PRODUCT NAME</b>	<input type="text"/>
Type and derived variations	<input type="text"/>
Trademark	<input type="text"/>
Applied standards or specification, including issue date	<input type="text"/>
PPE Category	II.      III.

#### 3. MANUFACTURER *(if different from an applicant)*

<b>BUSINESS NAME</b>	<input type="text"/>		
Street, No.	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/>
Country	<input type="text"/>		

#### SUBCONTRACTOR *(production site if different from the manufacturer's address)*

<b>BUSINESS NAME</b>	<input type="text"/>		
Street, No.	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/>
Country	<input type="text"/>		

### 3. CONFORMITY ASSESSMENT PROCEDURES

**3.1 EU type-examination (module B) - review of the certificate** *(according to point 7 Annex V of the EPR Regulation 2016/425)*

<b>Reason for review</b>	Modification of an approved type	Change in state of the art
	Termination of certificate	Other <i>(specify in part 6)</i>

*Notified Body number performing the conformity to type procedure pursuant to C2 or D*

1019 *(select option 3.2 or 3.3 below)*

Other Notified Body *(fill its number)*

**3.2 Conformity to type based on internal production control plus supervised products checks at random intervals (module C2)**

**3.3 Conformity to type based on quality assurance of the production process (module D)**

### 4. OTHER ACTIVITIES

**4.1 Tests of PPE pursuant to UIAA standards for issuing UIAA Safety Label**

*(For the range of tests by VVUU, a.s., see the accredited laboratories approved for tests pursuant to UIAA standards)*

<https://theuiaa.org/safety/uiaa-safety-label/accredited-laboratories/>

### 5. REQUIRED LANGUAGE OF FINAL DOCUMENTATION

	All	Certificate	Assessment report <i>(appendix included)</i>	Test and Inspection Report	Other <i>(specify in part 6)</i>
English					
German					
Other <i>(specify in part 6)</i>					

### 6. FURTHER INFORMATION *(in case of ambiguities to be explained, list them below)*

### 7. DECLARATION OF APPLICANT

**By affixing the signature to the application, the applicant declares:**

- that they have not submitted the application with any other Notified Body, that the data in this application are complete and truthful and that the applicant takes over the responsibility for the damages caused by declaring of incorrect or incomplete data.
- that they know and meet the required certification criteria and has the experience to perform the related activities,
- that they know the certification procedure of VVUU, a.s. and their rights and obligations as the manufacturer.

**APPLICATION FILLED IN BY**

Name and position of the responsible person \*)

Date

Signature, stamp

\*) The responsible person is considered to be the statutory representative or the authorized person acting on the basis of authorization of the applicant.

**Note:** The documentation submitted together with application that have not been used to perform the ordered activities will be shredded.

**Instructions for applicants to complete the application:**

In the case of a request to carry out one of the conformity assessment procedures in accordance with point 3, the applicant shall provide documentation as it is listed in Annex III to Regulation (EU) 2016/425 of the European Parliament and of the Council. In the case of a separate application of the conformity assessment procedures referred to in points 3.2 and 3.3, the applicant shall provide a copy of the relevant EC / EU type examination certificates, in addition to the documentation referred to in Annex III.